

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15853

Registrar's No.

4520

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

318

(a) County
(b) City or town. Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2306 Cole Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 17 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

EDWARD BELL, JUNIOR

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Bell
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 4 (Month) 25-1877 (Day) (Year)

8. AGE 66 Years 0 Months 19 Days
If less than one day br. min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Wrecker

11. Industry or business

MOTHER FATHER
12. Name Edward Bell
13. Birthplace Hopkinsville, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Melinda Snowden
15. Birthplace Hopkinsville, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Bell
(b) Address 2306 Cole Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) MAY 1 (Date received local burial) (b) J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2306 Cole Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1943 hour 7: minute 40 A. M.

21. I hereby certify that I attended the deceased from 12-8-
1942 to 5-11- 1943
that I last saw him alive on 5-11- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Chronic Myocarditis
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury

23. Signature Robert M. Scott (M. D. or other)
Address 3007 Easton Avenue Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....**William C. McDowell**....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.....

2114

P. O. Address **1711 North Taylor Aven**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.